

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

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STATE OF HAWAI STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type or Prin	it Clearly)	
PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Rosati	Kelly	M	441-5946
MAILING ADDRESS (Street)	1		FAX
6301 Pali	Highway		FAX 230 - 2102
(City)	(State)	(Zip	Code)
Kaneohe	H	96744-	5224
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business enti	ty which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
		are entre of the second of the	
(City)	(State)	(Zip	Code)

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Family Forum	441-5946
MAILING ADDRESS (Street)	FAX
6301 Pali Highway	230-2102
(City) (State) (Zip (Code)
Kaneohe H 96744	Code) -5224
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Kely M. Rosati	TELEPHONE 441-5946
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Kelly M. Rosati	441-5946
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT KELLY M. ROSATI MAILING ADDRESS (Street) 6301 Pali Highway	441-5946

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education **Human Services** Science, Technology & **Economic Development** Communications & Government Operations & Intergovernmental Relations. Tourism & Recreation **Public Utilities** Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Judi Gary Housing Ecology, Energy **Public Safety & Corrections** Issues **Environmental Protection** PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete, 01/04/05 (Signature of Lobbyist) PART V **AUTHORIZATION TO LOBBY** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME Austin Imamura NAME OF ORGANIZATION (if applicable) **TELEPHONE** 230-2100 Hawaii Family MAILING ADDRESS (Street) 230-2100 6301 Pali Highway

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Zip Code)

01/04/05

(State)

(Signature of Authorizing Officer or Person Represented)

(City)

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